

FLORIDA HEPATITIS AND LIVER FAILURE PREVENTION AND CONTROL PROGRAM

PROGRAMMATIC EVALUATION

EXECUTIVE SUMMARY

It is estimated that over 300,000 Florida residents are infected with the hepatitis C virus and most are not aware of their infection. In addition, hepatitis A and hepatitis B continue to cause significant morbidity and mortality for those who are infected. The Florida Legislature has recognized the importance of hepatitis, appropriating \$ 2.5 million in 1999 and \$ 3.5 million in each subsequent year for hepatitis prevention and control. The Florida Hepatitis Program has 4.5 (contract) staff in the State Office of the Florida Department of Health (FLDOH)

In 1999, the Florida Hepatitis Program began funding for prevention and control programs in six counties (Miami-Dade, Pinellas, Monroe, Collier, Broward, Polk), adding three counties (Seminole, Escambia, and Lee) in 2001. The Program also provides statewide education and awareness activities, as well as a statewide hepatitis C hotline. Since early 2001, the Program has made hepatitis A and hepatitis B vaccines and hepatitis A, B, and C testing available to all counties, at no cost for adults at increased risk for infection or the serious consequences of infection.

The objectives of the Florida Hepatitis Program are:

1. Providing leadership, policy development, and technical assistance that supports hepatitis prevention and control;
2. Supporting the development of a comprehensive prevention plan for hepatitis and liver failure;
3. Overseeing counseling and testing services for hepatitis;
4. Providing hepatitis vaccination for adults at high risk;
5. Promoting treatment and community-based patient care services to persons infected with hepatitis;
6. Promoting activities to support prevention initiatives at the local and state levels;
7. Allocating state hepatitis resources for prevention, education, vaccination, testing, surveillance, patient care, and other hepatitis services.

In December, 2003, the University of Central Arkansas (UCA) was awarded a contract for an evaluation of the Florida Hepatitis Program, funded through the Centers for Disease Control and Prevention (CDC) NGA # U50\CCU412413-07-6, and awarded by the FLDOH under contract #COAKJ. This evaluation was based upon the principles illustrated in the Framework for Program Evaluation in Public Health (CDC, 1999) and is guided by the objectives of the Florida Hepatitis Program.

The evaluation contract provided for the evaluation of specific aspects of the Hepatitis Program, including process, impact and outcome measures where available. The evaluation included: (1) a theoretical framework for the evaluation, (2) an analysis of the educational materials database, (3) an analysis of the vaccine for adults at high risk database, (4) an analysis of the testing programs for adults at high risk and, (5) the development of surveys and collection and analysis of data from qualitative interviews with county health department key informants and clients.

SIGNIFICANT FINDINGS

1. The testing services have been utilized to meet the Hepatitis Program mandate. The various testing venues have detected prevalence rates of hepatitis C between 11-48%. The total number of clients who were determined to be hepatitis C positive through these venues was 4,364. This does not include clients who were tested through the 6 county health departments that do not use the State Lab for hepatitis C testing.

2. Improved efforts, throughout the United States, to vaccinate adults at high-risk for hepatitis A and B infections is critical to reduce disease incidence and prevent chronic infections. To that end, Florida has made available over 41,000 doses of hepatitis A vaccine and almost 70,000 doses of hepatitis B vaccine through the Hepatitis Program's vaccine program for high-risk adults. During the years 2000-2003, there were 34,169 doses of hepatitis A vaccine and 65,269 doses of B given in the counties.

- The Hepatitis Program has overcome the barriers of unfamiliarity of health care providers with adult immunization practices by providing vaccine and staff support.
- The Hepatitis Program has overcome the barrier of the lack of infrastructure to support adult immunization by working with the county health departments and maintaining the required records for vaccine accountability.

3. Educational materials are being distributed to the appropriate audiences and through the appropriate intermediate channels to reach the target populations. During 2000-2003, approximately 670,000 pieces of educational material were distributed to various audiences. In addition, two radio education campaigns promoting hepatitis C testing were delivered.

4. All of the client focus group participants were satisfied with the services they received from the county health departments. Consistent with findings from other studies, a medical professional was the key reason these participants received vaccination or testing for hepatitis. The participants who had been tested for HCV were glad they knew their status; many voiced the opinion that they wished they had been tested earlier in their life.

5. The county health department staff's perception of the success of the Hepatitis Program depended heavily on administrative support. If the administrator communicated the value of the Hepatitis Program and the roles and responsibilities were clearly delineated, the program was institutionalized in the county health department. In counties where the program was perceived by staff as an extra burden, the hepatitis program was not seen to be an integral part of the health department services.

The State Lab is the most cost efficient method of testing for hepatitis and should be used by the Hepatitis Program whenever possible.

RECOMMENDATIONS

There are five main recommendations for the Hepatitis Program:

1. To promote institutionalization of the program, the resources used for testing should be used in the most cost-efficient manner. The State Lab and the outreach programs, including drug treatment facilities, are the most cost-effective venues to detect cases and should be used by the Hepatitis Program whenever possible.
2. The outreach programs to educate/vaccine/test high risk clients in prisons, drug treatment facilities and other nontraditional setting should be extended. In staff interviews, outreach programs were highly recommended as a means of reaching high risk adults.
3. The Hepatitis Program should work with senior county health department administrators to promote hepatitis services and provide continuing education for staff.
4. Vaccine purchase should be adopted as a line-item in the Hepatitis Program budget and adult vaccine registry should be investigated.
5. Public awareness and provider education, concerning the prevention and control of hepatitis, should be expanded. Media campaigns have shown to be effective to increase calls for information and testing to the Florida Hepatitis Hotline.

The Hepatitis Program is meeting its program objectives. The program has been productive during the past three years, especially in light of the limited funding and small number of staff to operate the Program. The county health departments have been instrumental in delivering the hepatitis services to the clients in the communities. The Hepatitis Program has been successfully integrated into the existing services of most of the county health departments in Florida. The State Lab is working in conjunction with the Hepatitis Program to provide efficient, cost-effective testing for hepatitis A, B and C. Additionally, the Hepatitis Program has worked with numerous community based organizations to provide education, vaccination and testing to the population in the most accessible manner possible.

Institutionalization of the Hepatitis Program into the county health departments is critical for the prevention and control of hepatitis in Florida.